

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC AFFAIRS

JAN 28 AM 11:05

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF TOM BYRNE

ADDRESS (number and street) ▼

101 HUN ROAD

Check if different
than previously
reported. (ACC)

PRINCETON

NJ

08540

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00347591

3. IS THIS
REPORTNEW
(N)

OR

X AMENDED
(A)

NJ

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y
07 01 2013

through

M M / D D / Y Y Y Y Y
09 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gioia M Cassidy

Signature of Treasurer

Gioia M. Cassidy

Date

M M / D D / Y Y Y Y Y
01 24 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)